## SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. DEP. IND. IND. DEP. IND. õ BEST AVAILABLE COPY -16 TOTAL IND. TOTAL IND. 2: TOTAL DEP. TOTAL CLAIMS TOTAL DEP. Ó TOTAL CLAIMS

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